

**The University of Mississippi**

# **Weekend College for High School Students Application for Undergraduate Admission**

## **Application Procedure**

**Please complete and mail this form with the following to complete your application:**

- |  |  |
|--|--|
| <input type="checkbox"/> an official high school transcript with test scores | <input type="checkbox"/> appropriate fees            |
| <input type="checkbox"/> financial aid application (optional)                | <input type="checkbox"/> principal's recommendation  |
| <input type="checkbox"/> medical form  | <input type="checkbox"/> teacher recommendation form |

## **Application Fee**

A nonrefundable application fee of \$25 for Mississippi residents and \$40 for nonresidents is required. Make checks payable to The University of Mississippi. **DO NOT SEND CASH.** Students who received a fee waiver for the ACT or SAT may have the application fee waived by presenting a copy of that waiver.

Please return to:  
Weekend College for High School Students  
Division of Outreach  
P. O. Box 9  
University, MS 38677-0009

## **Personal Information**

Student's Name \_\_\_\_\_  
Last First Middle Name Preferred

Social Security No. \_\_\_\_\_ Grade Level (2004-05) \_\_\_\_\_

Birth Date \_\_\_\_\_  male  female E-mail \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
No. and Street  
City State ZIP

Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Area Code Area Code

## **Family Information** *Please indicate a permanent mailing address*

Father's name \_\_\_\_\_ Living? \_\_\_\_\_ Occupation \_\_\_\_\_  
Last First Middle

His Address \_\_\_\_\_  
No. and Street City ZIP Phone

His Educational Background:  High School Graduate  College Graduate  Ole Miss? \_\_\_attended \_\_\_graduated

Mother's name \_\_\_\_\_ Living? \_\_\_\_\_ Occupation \_\_\_\_\_  
Last First Middle

Her Address \_\_\_\_\_  
No. and Street City ZIP Phone

Her Educational Background:  High School Graduate  College Graduate  Ole Miss? \_\_\_attended \_\_\_graduated

## **Residency Information**

What is your country of citizenship? U.S.:  Yes  No Other \_\_\_\_\_

State of Residence \_\_\_\_\_ Country of Residence \_\_\_\_\_

Length of Current Continuous Residence \_\_\_\_\_

## Check the session you want to attend:

Fall Semester       Spring Semester

## Principal's Approval

This student is in good standing and has my recommendation and permission to enroll in the program checked above.

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Principal's Signature

Date

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Name of School

City

State

ZIP

## Parent/Student Consent

Do you give permission for your child to be photographed/videotaped for instruction/publicity?

Yes

No

Taken on class/weekend trips by The University of Mississippi?

Yes

No

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Name of Local Newspaper

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Address of Local Newspaper

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Parent/Guardian Signature

Date

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Student Signature

Date

In case of emergency notify:

Father

Mother

Other \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone (Home)

\_\_\_\_\_

Phone (Other)

## Certification

I certify that none of the information on this form is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission or to enter the Weekend College for High School Students at The University of Mississippi.

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Student Signature

Date

Please send completed application and all admission requirements to:

**Weekend College for High School Students**

**P. O. Box 9**

**The University of Mississippi**

**University, MS 38677-0009**

**Phone: (662) 915-7282**

The University complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, handicap, or status as a veteran or disabled veteran.